



Islamic Republic of Afghanistan

Visa Application Form

Personal Details

Title:

Family Name:

Given Names:

Father's Full Name:

Date of Birth (Gregorian): DD / MMM / YYYY

Country of Birth:

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Widow / Widower

Gender: ☐ Female ☐ Male

Child: (Under 18 Years) ☐ Yes ☐ No

Country of Residence:

Nationality:

Other Nationalities:

Contact Details

Current Address:

Email Address:

Mobile:

Work Tel:

Home Tel:

Fax:

Employment Details

Current Occupation:

Employer's Name:

Employer's Address:

Previous Employer's Name:

Previous Employer's Address:

Visa Details	
Visa Type:	
Purpose of Journey: <input type="checkbox"/> Business <input type="checkbox"/> Convention / Conference <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Exhibition <input type="checkbox"/> Visiting Friends / Family <input type="checkbox"/> Holiday <input type="checkbox"/> Other	
Entry Date:	Point of Entry:
Intended Duration of Stay (days):	Number of Children Accompanied:
Places in Afghanistan intended to visit:	
Complete Address in Afghanistan:	
Have you ever visited Afghanistan before? <i>If yes, please provide details:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you applied for an Afghanistan Visa before? <i>If yes, please provide details:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a criminal record? <i>If yes, please provide details:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Passport Details	
Passport Type:	
Passport Number:	
Place of Issue:	
Issue Date:	
Expiry Date:	
I declare that the information provided in this application is true and correct	
Signature: <i>(please sign within the box)</i> <div></div> Date: DD / MMM / YYYY	Passport Photograph: <i>(Please Attach Within The Square Below).</i> Note: The photograph must comply with the attached guidelines. <div><div>Please Attach Photo Here</div><div>Guarantor must endorse the photo This is a true photo of: ----- (name of applicant) ----- (signature of guarantor)</div></div>



سفارت و نمایندگی
جمهوری اسلامی افغانستان
روم - ایتالیا

EMBASSY & MISSION of
THE ISLAMIC REPUBLIC of AFGHANISTAN
Rome - Italy

د افغانستان اسلامي جمهوریت
سفارت او نمایندگی
روم - ایتالیا

Consent Form

I, _____ son of _____ hereby
consent to the rules and regulations of the Embassy of the Islamic Republic of
Afghanistan in Rome, and declare my agreement that the Embassy reserves the
right to request additional documents as deemed necessary, and the right to
accept or reject any consular related applications including Passport, Visa,
Legal Services and etc.

Date:

Signature: